

**DEPARTMENT OF VETERANS AFFAIRS RESPONSE  
TO THE MAY 17, 2004 RECOMMENDATIONS  
OF THE CHIROPRACTIC ADVISORY COMMITTEE  
REGARDING EDUCATION NEEDED TO IMPLEMENT CHIROPRACTIC  
SERVICES WITHIN VETERANS HEALTH ADMINISTRATION**

**Recommendation 1: Standardized orientation.** VHA should develop a standardized orientation program for newly employed doctors of chiropractic that can be modified for functional and organizational differences in facilities.

**VA RESPONSE:** VA concurs.

**Recommendation 2: Content for Standardized Orientation Program.** In addition to the general new employee orientation, doctors of chiropractic should be oriented to the following:

- VHA patient eligibility for services, priority categories, etc.
  - How service connection is determined (physical examinations done under criteria determined by VA.)
  - Public Law 104-262 calls for VA to provide hospital care and outpatient care services that are defined as "needed". VA defines "needed" as care or service that will promote, preserve, and restore health. This includes treatment, procedures, supplies, or services. This decision of need will be based on the judgment of the health care provider and in accordance with generally accepted standards of clinical practice.
  - Related benefits: Grants for Specially Adapted Housing, Automobile Grant & Adaptive Equipment, clothing allowance in some circumstances, vocational rehabilitation, service-disabled veterans insurance.
- VHA, VISN, and facility organization including communication and reporting structure for the doctors of chiropractic.
- Staff member responsibilities, i.e., credentialing, privileging, reprivileging, medical staff functions, committees, day-to-day operations and communications.
- VHA, VISN and facility policies and procedures – how to locate policies and procedures; overview of subjects pertinent to patient care that are covered by policies, e.g., priority scheduling for service connected veterans, electrical safety for patient care equipment, providing medical opinions, immunizations.

- Care processes and standard operating procedures, including:
  - Patient scheduling and appointments.
  - Procedures for receiving and making referrals and follow-up documentation.
  - Use of the electronic medical record.
  - Infection control procedures.
- Documentation policies and responsibilities, e.g., acceptable abbreviations, required content/format, compliance requirements, billing requirements including designation of service connected/non-service connected status for the reason for the visit.
- Procedures for ordering supplies, equipment, etc.
- Quality assurance/program evaluation activities, JCAHO requirements, other accreditation requirements.
- Performance appraisal system for employees.

**VA RESPONSE:** VA concurs.

**Recommendation 3: Assignment of Mentor.** Each new doctor of chiropractic should have a mentor or “buddy” assigned to assist them in the orientation to day-to-day activities, answer questions, and be a general resource. The mentor should be a clinician who is accepting of chiropractic care.

**VA RESPONSE:** VA concurs that a mentor should be available to the new doctor of chiropractic as a general resource person. Other personnel will also assist with orientation of the new doctor of chiropractic.

**Recommendation 4: Communication among doctors of chiropractic working in VA facilities.** The VHA Central Office entity responsible for chiropractic care should establish and maintain an e-mail group for doctors of chiropractic in order to facilitate communication, problem-solving and best practices among the group. Both appointed employees and contracted doctors of chiropractic should be included in the group.

**VA RESPONSE:** VA concurs.

**Recommendation 5: Evaluate Orientation Program for Doctors of Chiropractic.** The orientation program for doctors of chiropractic should be evaluated after an appropriate period of time, e.g., approximately 6-12 months after employment, to determine what, if any, improvements are needed.

**VA RESPONSE:** VA concurs.

**Recommendation 6: Education of VHA and VISN Leadership:** All VHA Chief Officers, Chief Consultants, VISN Directors, and VISN Chief Medical Officers should receive an educational presentation on chiropractic care as soon as possible. The presentation should be made by a doctor of chiropractic and encompass the requirements of P.L. 107-135; a general description of chiropractic education and licensure requirements; an overview of chiropractic care, including indications and contraindications; scope of practice allowed by state licensing laws; and descriptions of how chiropractic has been integrated into other traditional healthcare settings.

**VA RESPONSE:** VA agrees that VHA leadership should be knowledgeable regarding chiropractic care in order to facilitate the integration of chiropractic into VHA. VHA will ensure all VHA Chief Officers, Chief Consultants, VISN Directors, and VISN Chief Medical Officers receive the information outlined above.

**Recommendation 7: Providing Information Regarding Introduction of Chiropractic Care.** VHA should develop a standardized information program on how chiropractic care is to be integrated into VHA. This information should be presented to appropriate clinical and administrative staff at each VHA facility prior to the actual implementation of the chiropractic care program. Contract personnel should receive the same information as appropriate to their responsibilities.

At facilities that will not be providing chiropractic care on-site, at a minimum, clinical and administrative personnel in patient care services and facility leadership should receive an overview of chiropractic care, information on the education and licensing requirements for doctors of chiropractic, and how patients may access chiropractic care at a VA facility or through fee basis. All VISN-level personnel should also receive this information. See Appendix A for suggested content.

At facilities that will be providing chiropractic care on-site, a more in-depth educational program on chiropractic care should be required for clinicians in the following assignments: primary care; general internal medicine; neurology; rheumatology; orthopedics; surgeons performing spinal surgery; rehabilitation medicine including physiatrists, physical therapists and occupational therapists; pain clinics or other types of clinics which see patients with chronic pain; podiatrists; prosthetists; and radiologists, especially those who must approve imaging studies. Content should include:

- Requirements of P.L. 107-135.
- Pertinent VHA policy statements.
- General description of chiropractic education and licensure requirements.
- Overview of chiropractic care and chiropractic terminology.

- Scope of practice allowed by State laws and privileges of doctors of chiropractic at facility.
- Brief bibliography.
- Descriptions of how chiropractic care has been successfully integrated into other traditional health care setting.
- Patient education materials.

At facilities that will be providing chiropractic care on-site, clinical personnel who will not be working directly with doctors of chiropractic, administrative staff in patient care services, and facility leadership should receive an overview of chiropractic care, information on the education and licensing requirements for doctors of chiropractic, and how patients may access chiropractic care at the facility, as well as information pertinent to their job responsibilities, e.g., billing, coding, etc.

See Appendix B for Recommended Employee Education Content by Category of Personnel. See Appendix C for suggested bibliography.

**VA RESPONSE:** VA agrees information should be presented to clinical and administrative staff employees and contract personnel as appropriate to their responsibilities.

**Recommendation 8: Development and Dissemination of Information on the Chiropractic Care Program.** The educational materials for current VA employees should be developed nationally to ensure consistency. Employee Education Service (EES) should be utilized to advise on learning modalities appropriate to the educational goals for introducing this new clinical program. Information should be available to employees through both local distribution and on VHA intranet sites. Availability of education materials should be announced through multiple means, including internal VA newsletters, conference calls and staff meetings, and computer log-on daily mail/announcements used to communicate with staff.

**VA RESPONSE:** VA concurs.

**Recommendation 9: Referral Service Agreements as an Educational Tool.** The development of referral service agreements should be used as an educational opportunity for both doctors of chiropractic and other providers and required at all facilities offering chiropractic care.

**VA RESPONSE:** VA concurs.

**Recommendation 10: Content and Dissemination of Patient Information.** Educational materials for patients should be developed nationally to ensure consistency in content. Content should include an overview of chiropractic care, including what chiropractic care is, information on the education and licensing

requirements for doctors of chiropractic, indications for chiropractic care and how veterans may access chiropractic care. See Appendix D for suggested content.

Each VISN will provide information to patients on how to access chiropractic services within that VISN, including through the fee basis program. VISN Directors should assure the widest dissemination possible including print information available to patients, posters, inclusion in facility newsletters, posting on facility web sites, press releases to community media, through patient advocates and Medical Center Advisory Councils, and in orientation sessions and/or orientation materials provided to new patients.

VA should nationally distribute information regarding the availability of chiropractic care via the 2005 edition of *Federal Benefits for Veterans and Dependents*; VA and VHA web sites, including the list of services covered under the medical benefits package and *MyHealtheVet*; information kiosks; veterans service organization publications; the Transition Assistance Program; and national press releases.

**VA RESPONSE:** VA concurs that multiple modalities should be used to ensure patients are aware of the chiropractic care program and how to access chiropractic care.

**Recommendation 11: Development of Patient Information.** VA educational resources should ensure that all patient education material regarding chiropractic care meets VA readability criteria and is field-tested by focus groups for comprehension. Materials should be designed for electronic distribution but should initially be provided using national funding and a mandatory distribution plan. Patient education material should be Section 508 compliant and available in Spanish.

**VA RESPONSE:** VA concurs.